Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

091543054

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
FC	R	<del></del>			NUMBER EXTRA		FEE	) 	RATE	FEE	
ВА	SIC FEE			The second district of		RATE	345.00	OR	<b>1</b>	690.00	
то	TAL CLAIMS	67	minus 2	20= + 47		X\$ 9=		OR	X\$18=	846,00	
IND	EPENDENT CL	aims G	minus	3=		X39=		OR	X78=	46800	
MU	LTIPLE DEPENI	DENT CLAIM F	PRESENT	+130=		OR	+260=				
* If	the difference i	in column 1 is	less than ze	TOTAL		OR	TOTAL	2004.50			
	Cl	AIMS AS	AMENDED			•	OTHER				
		(Column 1) CLAIMS	Tank March 1990	(Column 2) HIGHEST	(Column 3)	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	•	
AME	Independent	*	Minus	***	=	X39=		OR	X78=		
	FIRST PRESE	NIATION OF N	MULTIPLE DEF	PENDENT CLAIM		+130=		OR	+260=		
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Column 2)	(Column 3)			•			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	=	X39=		OR	X78=		
	FIRST PRESE	NIATION OF I	MULTIPLE DEI	PENDENT CLAIN	<u> </u>	+130=	·	OR	+260=		
		TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE						
		(Column 1)		(Column 2)	(Column 3)				,		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus 4	***	=	X39=		OR	X78=		
L	FIRST PRESS	NTATION OF N	MULTIPLE DEI	PENDENT CLAIN	/	.400	1	1	1260		
	If the entry in colur	mr: 1 is I ss than	the entry in colu	ımn 2, write "0" in c	olumn 3.	+130= TOTAL	<b></b>	OR	+260= TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/543654

## Total Fee Calculation

				<b>.</b>			
	Fee Code	Total # Cluims	Number Extra X	Fcc	Fcc	_	Total
	Տա./Նգ.			Sm. Enticy	Lg Entiry		
Basic Filing Fee	201/101 😅		•		690.00	•	69400
Total Claims >20	203/103	67 .20 -	<u>47</u> x		18.08		18.00
Independent Claims > J	202/102	9	ζ x		78,00	•	468,00
Mult. Dep Claim Present	204/104						160,00
Surcharge	205/105				130,00		130.00
English Translation	1]9						<u> </u>
TOTAL FEE CALCULA	<u> 710</u> 17		·				<u>2134</u> .00
Fees due upon filing th	e application:						
Total Filing Fees Due	= \$ <u>_</u>	2134.00		•	`		
Less Filing Fees Submi	πεσ - \$		<u>-</u>		•		BEST
BALANCE DUE	= S	2134,00					٦ ≱
Office of Initial Patent E	v xamination			•	·	٠	AVAILABLE
FORM OIPE-RAM-01 (Rev.	12/97)	Figu	ire 7				8